Journal of medical ethics, 1977, 3, 55–56

Editorial

Is medical ethics a speciality?

In a world of increasing specialization and of increasing publication of books and journals it is difficult for an individual to keep abreast of knowledge and thought in his own speciality let alone in related or wider fields. Let us consider how, for example, a specialist in some field of medicine remains efficient and progressive in his professional life. He relies first on practice; second on discussions with colleagues and meetings of specialist societies; third on the thorough reading of journals and monographs in his speciality; fourth on the regular scanning of one or more general medical journals; and fifth, if for no other reason than to keep informed of public opinion, on newspapers, magazines, radio, television and a selection of books of general interest.

In our first editorial we declared the aim of the journal as 'to provide a forum for the reasoned discussion of moral issues arising from the provision of medical care'. The issues are so complex and involve so many people that the discussion must be interdisciplinary and the forum must be a regular meeting place rather than the occasional use of a roving microphone in the medical auditorium. For this reason, a 'specialist' journal in medical ethics is required. It is not sufficient to rely solely on the occasional appearance of articles on ethics in the general medical journals. It may be that a separate forum will not always be needed. For the present, however, the problems raised by the unprecedented technological advances of recent years and by changes in the attitudes of professionals and of society at large cry out for medical ethics to be considered as a specific entity. Medical ethics is not new, but it has changed its image from a parochial concern with the etiquette and legal implications of medical practice to the search for a philosophy embracing all the moral dilemmas of health care. It needs to establish itself in this new image.

In the evolution and establishment of specialities within medicine the setting up of separate hospitals has proved necessary in order to gain recognition. But having achieved this goal the ear, nose and throat hospitals, eye hospitals, gynaecological hospitals and many others are now coming back into the general hospital with the viability of the discipline well established, seeking the advantages of cooperation as opposed to isolation. If medical ethics were only for doctors, the Journal might in due course achieve one of its aims by outliving its usefulness as a separate medical journal and permeating the attitudes in the general medical press. But what of the other contributors to the ethical debates? Are they to be asked to scan all the medical journals in order to cull the points of ethical importance to society from a mass of technical detail?

Medical ethics is not a speciality in this sense – either of medical practice or of anything else. It is a matter of public concern now pervading medical teaching and thinking in a new way and requiring an interdisciplinary approach to the complex issues which involve all sections of society. The stimulus for this Journal came originally from the enthusiasm of students and practitioners of medicine and related disciplines for ethical discussion, an enthusiasm which found its first expression through the formation of medical groups and the establishment of the Society for the Study of Medical Ethics. As the Journal continues through its third volume, against the background of a rapidly rising circulation, we can feel confident that its commitment to interdisciplinary discussion is justified and that its wide spectrum of topic and authorship will meet a variety of needs.

Strikes in the National Health Service

At a time of uneasy truce between the British Government and the various professions and occupations associated with the National Health Service, the spectre of strike action by doctors, nurses or other hospital workers never seems far distant. According to a recent joint statement issued by the medical Royal Colleges and their Faculties in the UK and the British Medical Association[1] there is an urgent need for a more effective machinery of conciliation between the Government and the medical profession, since the arrangements which currently exist neither prevent, nor speedily resolve, confrontation. Recent disagreements over conditions of employment, salary scales and the phasing out of pay beds seem to bear out this contention, but it is surely disingenuous to suppose that such serious disputes can be resolved merely by administrative changes. The bald fact is that, in an increasingly bleak economic climate, head-on collisions between the Government and numerous occupational groups

within Britain seem inevitable.

But if conflict cannot be avoided, are the health professions morally justified in using withdrawal of services as a method of bargaining? This question is fully aired in two main articles in this issue. This is not the place to rehearse the arguments for and against such strikes, but it is worth noting the central point of disagreement, which concerns the priority of commitment to the care and protection of patients over against the priority of ensuring professional autonomy and a just reward for one's services to the community. There is no doubt that opinion within both the medical and nursing professions is sharply divided between these two ethical priorities. The difference is quite dramatically illustrated by differences of viewpoint among nurses. A substantial number of nurses and nursing auxiliaries (particularly in the psychiatric field) are members of the Confederation of Health Service Employees or of the National Union of Public Employees. Both of these unions have supported strike action within the NHS. Yet at the same time the Royal College of Nursing has recently issued a discussion paper on professional conduct[2] which states unequivocally: '. . . disruption of services by strike action and threats to do so contravene the nurse's commitment to the service of patients and should be publicly opposed, whether the action is carried out by nurses or by other professions and occupations involved in health care.'

Such a total disparity of view illustrates the confused motivation among professional groups at the present time. Traditionally taught to regard themselves as above considerations of merely monetary reward, they are nevertheless being swept along in the tide of present-day fears about financial insecurity and loss of status. The possibility that the uncompromising position of the Royal College of Nursing can effectively reverse this modern trend seems on the face of it a remote one. Yet for the sake of all who become vulnerable through illness one can only hope for a resurgence of the 'old-fashioned' values of personal example and vocational commitment.

References

[1] *British Medical Journal*, 1977, **1**, 157–159.
[2] *RCN Code of Professional Conduct – A Discussion Document*, Royal College of Nursing, London, 1976.